REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number: 10/005,729-Conf. #9132
	Filing Date: November 6, 2001
	First Named Inventor: Anne M. Holler
	Art Unit: 3685
	Examiner Name: C. O. Sherr
	Attorney Docket Number: 71603-8016.US01

To: Commissioner for Patents
        P.O. Box 1450
        Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the practitioners of record;

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☒ the practitioners of record associated with Customer Number: 22918

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

☐ 10.40(b)(1)   ☐ 10.40(b)(2)   ☐ 10.40(b)(3)   ☒ 10.40(b)(4)

☐ 10.40(c)(1)(i)   ☐ 10.40(c)(1)(ii) ☐ 10.40(c)(1)(iii) ☐ 10.40(c)(1)(iv)

☐ 10.40(c)(1)(v)   ☐ 10.40(c)(1)(vi) ☐ 10.40(c)(2)   ☐ 10.40(c)(3)

☐ 10.40(c)(4)   ☐ 10.40(c)(5)   ☐ 10.40(c)(6) Please explain below.

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:
Client has requested the file be transferred to another firm.

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☐ Inventor or Assignee Name | _____

Address	

City	State	Zip	Country
Telephone		Email	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	*R. Michael Ananian* (signature)		
Name	R. Michael Ananian	Registration No.	35,050
Address	Perkins Coie LLP P.O. Box 1208		
City	Seattle	State	WA	Zip	98111-1208	Country	US
Date	8/3/2010		Telephone No.	(650) 838-4300

NOTE: *Withdrawal is effective when approved rather than when received.*